

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/565625**

FILING DATE

**JAN 24 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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17						
18						
19						
20					1	
21						1
22						2
23						2
24						2
25						2
26						2
27						2
28						1
29						2
30					1	
31						1
32						2
33						1
34						1
35						1
36						1
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48						
49						
50						
TOTAL IND.		↓		↓	2	↓
TOTAL DEP.		←		←	25	←
TOTAL CLAIMS					27	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						